

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37	1					
38	1	1				
39		1				
40						
41						
42						
43						
44						
45						
46	1					
47		1				
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	51	←		←		←
TOTAL CLAIMS	56					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY